

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 206Registered No. 149

1. PLACE OF BIRTH

County GrahamState ARIZONATownship Pima

or Village

City Pima

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sale Howard Cluff

{ If child is not yet named, make supplemental report, as directed

3. Sex m

If plural births

4. Twin, triplets, or other ✓6. Premature ✓

7. Is mother

8. Date of birth April 28, 1938

(Month, day, year)

5. Number, in order of birth ✓Full term yesmarried? yes

9. Full name

FATHER

Vernon Howard Cluff

18. Full maiden name

MOTHER

Pearl Allen

10. Residence (usual place of abode)

(If non-resident, give place and State) Pima

19. Residence (usual place of abode)

(If non-resident, give place and State) Pima11. Color or race w12. Age at last birthday 41 (Years)20. Color or race w21. Age at last birthday 39 (Years)13. Birthplace (city or place) Pima

(State or Country)

22. Birthplace (city or place) Juba City, Arizona

(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

Miner

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Housewife

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 6(b) Born alive but now dead None(c) Stillborn One

28. If stillborn,

period of gestation ✓ months or weeks29. Cause of stillbirth ✓Before labor ✓During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12:10 a

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

736-428-715(Signed) L. C. A. Jones

M. D.

or

Midwife

Address Buffard, ArizonaFiled May 29th, 1938

Registrar.

Registrar.